

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



*03 JAM 24 P3:40 S

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

	(Type or Print Clearly)	TATERE	The Holley St.	
PART I LOBBYIST		× 1 / 1 14 16 1 1 1	CS C MMISSIDM	
NAME(Last) (First)	/A4:4da		TELEPHONE	
	,	(Middle)		
Witt Rober	t M.		(808) 973-1535	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	
MAILING ADDRESS (Street) Ala Moana Pacific Center	,	, ,		
1585 Kapiolani Blvd., Suite 1212	Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Hawaii Association of Independent Sci	hools		(808) 973-1535	
MAILING ADDRESS (Street) Ala Moana Pacific Center	(City)	(State)	(Zip Code)	
1585 Kapiolani Blvd., Suite 1212	Honolulu	HI	96814	
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not	abbreviate)		TELEPHONE	
. '	,		(808) 973-1535	
Hawaii Association of Independent Sc	HOOLS		(606) 973-1333	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	
Ala Moana Pacific Center	77 77	777	96814	
1585 Kapiolani Blvd., Suite 1212	Honolulu	HI		
NAME OF PERSON RESPONSIBLE FOR PREPARING	ORGANIZATION'S EXPENDITURES STA	TEMENT	TELEPHONE	
Robert M. Witt			(808) 973-1535	
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	
Ala Moana Pacific Center	1111	HI	96814	
1585 Kapiolani Blvd., Suite 1212	Honolulu	LIT	70014	
BARTIN DECORPTION OF OUR PROTECTION OF THE PROTE				
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture X Education	Human Services		Science, Technology & Conomic Development	
Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation International Affairs				
Consumer Protection & Hawaiian A	ffairs Labor & Employ	Labor & Employment Transportaion		
Culture, Arts, Historic Health Preservation	Planning, Land Use Manageme	& Water (Other: (indicate below)	
, , , , , , , , , , , , , , , , , , , ,				
Ecology, Energy, Housing Environmental Protection	Public Safety &	Corrections	·	
		· -		
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
(K. + M)				
(Signature of Labbu	int)	(Dat	<u> </u>	
(Signature of Lobby	sy	(Dat	<u> </u>	
PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZ	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Robert M. Witt	Executive Dire	Executive Director		
NAME OF ORGANIZATION (if applicable)	·		TELEPHONE	
	nhool s		(808) 973-1535	
Hawaii Association of Independent Sc		(State)	(Zip Code)	
MAILING ADDRESS (Street) Ala Moana Pacific Center	(City)	(State)	(Eip Oode)	
1585 Kapiolani Blvd., Suite 1212	Honolulu	HI	96814	
I haraby authorize the above-named ne		ies on behalf of t	he undersigned.	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
1/22/03				
		/ /(Dat		